

# ADAMS AND REESE LLP

October 8, 2018

**FILED ELECTRONICALLY**

The Honorable Jocelyn G. Boyd  
Chief Clerk

**South Carolina Public Service Commission**

PO Drawer 11649  
Columbia SC 29211

RE: Application of Ecolatino Multiservices LLC d/b/a Jimmy's Moving  
Service for a Class E (Household Goods) Certificate of Public  
Convenience and Necessity for Operation of Motor Vehicle Carrier  
**Docket No. 2018-223-T**

Dear Jocelyn:

On behalf of the Applicant, attached please find an updated Application in the above-referenced Docket.

The updated application reflects an amended Safety Certification.

With kind regards, I am

Yours truly,

s/ John J. Pringle, Jr.  
John J. Pringle, Jr.

cc: Jenny Pittman, Esq. (via electronic mail service)  
Jaime Soria (via electronic mail service)

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**Attorneys at Law**  
Alabama  
Florida  
Louisiana  
Mississippi  
**South Carolina**  
Tennessee  
Texas  
Washington, DC

**John J. Pringle, Jr.**  
Direct: 803.343.1270 E-  
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[jack.pringle@arlaw.com](mailto:jack.pringle@arlaw.com)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: October 8, 2018

- ☒ E (HHG) - Household Goods  
☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

- ☒ New Application  
☐ Amended Scope of Authority

Current Scope:  
(list counties) \_\_\_\_\_

Amended Scope:  
(list counties) \_\_\_\_\_

1.

Ecolatino Multiservices LLC, dba Jimmy's Moving Service

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

3093 Regency Oaks Dr., Myrtle Beach, SC 29579

Street Address of Applicant

3811 N Kings Hwy, Ste 32, Myrtle Beach, SC 29577

Mailing Address of Applicant (if different from street address)

843-467-3444

Phone

843-448-8409

FAX

ecolatino2009@yahoo.es

Email Address

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2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

## 3. Select Entity Type: (Check one)

- ☐ Individual Owner/Sole Proprietorship  
☐ Partnership - List names and address of all person having an interest in the business.  
☒ Corporation - List names and addresses of two principal officers.

Jaime Rodrigo Soria Lasso

3093 Regency Oaks Dr.

Myrtle beach, SC 29579

## 4. Is applicant certified to provide intrastate transportation of household goods in another state: (Check one.)

- ☐ Yes ☒ No

*If yes, attach a letter from the regulatory agency in the state(s) stating applicant is in compliance with the rules and regulations of said state agency.*

## 5. Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of convictions below.*

## 6. Has applicant ever had a certificate authorizing the transportation of household goods revoked in this state or any other state? ( Check one.)

- ☐ Yes ☒ No

*If yes, list dates and nature of revocations below.*

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0	Mortgage/Loan on Real Estate	0
Value of Motor Vehicles	22,000	Loans Owed on Motor Vehicles	0
Cash on Hand	200	Business/Other Loans Owed	0
Cash in Bank	10,000	Other Liabilities or Debts	0
Value of Other Assets and Equipment	1,500	Total Liabilities	0
Total Assets	33,700		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

1 Truck / No truck  
 2 Movers 1 truck \$ 90.00 per hour  
 3 Movers 1 truck \$ 120.00 per hour  
 4 Movers 1 truck \$ 160.00 per hour  
 Additional Mover(s) \$ 30.00 per hour  
 Travel fee's \$ 1.5 x total miles

## COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Commodities to be Transported: (Check one)

☒ Household Goods, as defined in R103-210(1)

☐ Hazardous Wastes, as defined in R103-210(2)

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.

You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

## DESCRIPTION OF EQUIPMENT

**You are not required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.**

[illegible]

## INSURANCE QUOTE

**This form MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Ecolatino Multiservices LLC dba Jimmy's Moving Service

Name of Applicant

3811 N KINGS HWY STE 32

Address of Applicant

**Amount of Premium:**

**Limits Quoted: (See Below)**

Liability Insurance    \$    2400

Limits    1,000,000

Cargo Insurance        \$    287

Limits    25,000

\* Attach Certificate of Insurance if available.

RELIANCE PARTNERS INC

Name of Insurance Company

835 GEORGIA AVE CHATTANOOGA, TN 37402

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

\* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$ 2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$ 5,000

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Ecolatino Multiservices LLC dba. Jimmy's Moving Service

Name

**1. Does Applicant have a Safety Rating from the U.S.D.O.T.?**
☐ Yes                      ☒ No                      ☐ Pending      (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory                      ☐ Conditional                      ☐ Unsatisfactory
**2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?**
☐ Yes                      ☒ No
**3. Are there currently any outstanding judgment(s) against the Applicant?**
☐ Yes                      ☒ No

If "Yes", list judgements here:

--

**4. Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?**
☒ Yes                      ☐ No
**5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)**
☒ Yes                      ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 10, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant believes that there is a need for its company's services in the proposed service area.

The Applicant understands that this completed Application serves as prefiled testimony for the Applicant for hearing purposes.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

  
Applicant's Signature

OWNER


Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA )

COUNTY OF HORRY )

SWORN TO BEFORE ME

This 8 day of May, 2018

  
Notary Public

**YUBER PACHECO**  
Notary Public, State of South Carolina  
My Commission Expires 2/7/2020

Commission Expires 02-07-2020

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Jaime R Soria Lasso  
 Applicant's Name

### Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392, 395 and 396);
6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

- ☐ Yes ☒ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 26,001 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

- ☒ Yes ☐ Not Applicable

I, Jaime R Soria Lasso, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

This 1<sup>st</sup> day of October, 2018

Miriam L. Bernoult  
 Notary Public  
 Commission Expires March 5, 2022

[Signature]  
 Applicant's Signature

# *The State of South Carolina*



*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

ECOLATINO MULTISERVICES LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on May 16th, 2016, with a duration that is at will, has as of this date filed all reports due this office, including its most recent annual report as required by section 33-44-211, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed a certificate of cancellation as of the date hereof.

Given under my Hand and the Great Seal of the  
State of South Carolina this 16th day of May,  
2016

A handwritten signature of Mark Hammond in black ink, written over a horizontal line.

Mark Hammond, Secretary of State

CERTIFIED TO BE A TRUE AND CORRECT  
COPY AS TAKEN FROM AND COMPARED  
WITH THE ORIGINAL ON FILE IN THIS OFFICE

May 16 2016

*Mark Hammond*  
SECRETARY OF STATE OF SOUTH CAROLINA

160516-0233

Filed: 5/16/2016

ECOLATINO MULTISERVICES LLC

Filing Fee: \$110.00 ORIG

*Mark Hammond* South Carolina Secretary of State

# STATE OF SOUTH CAROLINA SECRETARY OF STATE

## ARTICLES OF ORGANIZATION FOR A LIMITED LIABILITY COMPANY

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to Sections 33-44-202 and 33-44-203 of the South Carolina Code of Laws, as amended.

1. The name of the limited liability company which complies with Section 33-44-105 of the 1976 South Carolina Code of Laws, as amended is ECOLATINO MULTISERVICES LLC

2. The address of the initial designated office of the Limited Liability Company in South Carolina is  
3811 N KINGS HWY STE 32  
Street Address  
MYRTLE BEACH SC 295772771  
City Zip Code

3. The initial agent for service of process of the Limited Liability Company is  
JAIME R. SORIA LASSO Electronically filed on SCBOS.  
Signature not required.  
Name Signature

and the street address in South Carolina for this initial agent for service of process is

3093 REGENCY OAKS DR  
Street Address  
MYRTLE BEACH SC 295795315  
City Zip Code

4. The name and address of each organizer is

a) JAIME R SORIA LASSO  
Name  
3093 REGENCY OAKS DR  
Street  
MYRTLE BEACH SC US 295795315  
City State Zip Code

## ECOLATINO MULTISERVICES LLC

Name of Corporation

5. ☐ Check this box if the company is to be a term company. If so, provide the term specified:  
\_\_\_\_\_
6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, specify the name and address of each initial manager:  
\_\_\_\_\_
7. ☐ Check this box if one or more of the members of the company are to be liable for its debts and obligations under section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members.  
\_\_\_\_\_
8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.  
\_\_\_\_\_
9. Set forth any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement.  
\_\_\_\_\_
10. Signature of each organizer

Electronically filed on SCBOS.  
Refer to attached signature page.

Date 2016-05-16

**BEFORE**  
**THE PUBLIC SERVICE COMMISSION OF**  
**SOUTH CAROLINA**  
**DOCKET NO. 2018-223-T**

IN RE:	)	
	)	
Application of Ecolatino Multiservices LLC d/b/a	)	
Jimmy's Moving Service for a Class E (Household	)	<b>CERTIFICATE OF SERVICE</b>
Goods) Certificate of Public Convenience and	)	
Necessity for Operation of Motor Vehicle Carrier	)	

This is to certify that I have caused to be served this day, one (1) copy of Letter Enclosing Updated Application by placing a copy of same in the care and custody of the United States Postal Service (unless otherwise specified), with proper first-class postage affixed hereto and addressed as follows:

**VIA ELECTRONIC MAIL SERVICE**

Jenny Pittman, Esq.  
Office of Regulatory Staff  
Legal Department  
[jpittman@regstaff.sc.gov](mailto:jpittman@regstaff.sc.gov)

s/ John J. Pringle, Jr.  
John J. Pringle, Jr.

October 8, 2018  
Columbia, South Carolina

## STATE OF SOUTH CAROLINA

## (Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for Class E Household Goods  
Certificate from Ecolatino Multiservices LLC  
dba Jimmy's Moving Service

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

## TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2018 - 223 - 1

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jaime R Soria LassoTelephone: 843-467-3444Address: 3093 Regency Oaks DrFax: 843-448-9409Myrtle beach, SC 29579

Other: \_\_\_\_\_

Email: ecolatino2009@yahoo.es

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

## NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input type="checkbox"/> Application - Class C Charter  | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input checked="" type="checkbox"/> Application - Class E Household Goods   | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

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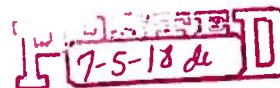
If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.



Updated  
on 10-8-182018-223-7  
277020  
SA/ORSPUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100

FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF  
MOTOR VEHICLE CARRIER

Select Class: (Check one)

Date: JUN 29, 2018

☒ E (HHG) - Household Goods☐ E (HAZ) - Hazardous Material

**IMPORTANT!** If application is to amend scope of authority, a current annual report must be on file with the Commission before application will be accepted. If application is for a NEW CERTIFICATE, do not submit annual report.

Check one:

☒ New Application☐ Amended Scope of AuthorityCurrent Scope:  
(list counties)Amended Scope:  
(list counties)

RECEIVED

JUL 02 2018

PSC SC  
CLERK'S OFFICE

1.

Ecolatino Multiservices LLC, dba Jymmy's Moving Service

Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

3093 Regency Oaks Dr, Myrtle Beach SC 29579

Street Address of Applicant

3811 N kings Hwy Ste 32, Myrtle Beach SC 29577

Mailing Address of Applicant (if different from street address)

843-467-3444

Phone

843-448-8409

FAX

ecolatino2009@yahoo.es

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)